



Sleep Diary



DIRECTIONS: Start this diary the morning after your child’s study visit. Every morning when your child gets up, complete the sleep diary for the previous night’s sleep. Every night before your child goes to bed, complete the sleep diary for that day’s naps. Using the example below, on Tuesday morning fill in the information for Monday night’s sleep. Tuesday night, fill in the information for any naps taken on Tuesday.

Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



Notes: _____

Please complete this sleep diary and bring it with you to your child’s next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



Notes: _____

Please complete this sleep diary and bring it with you to your child's next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



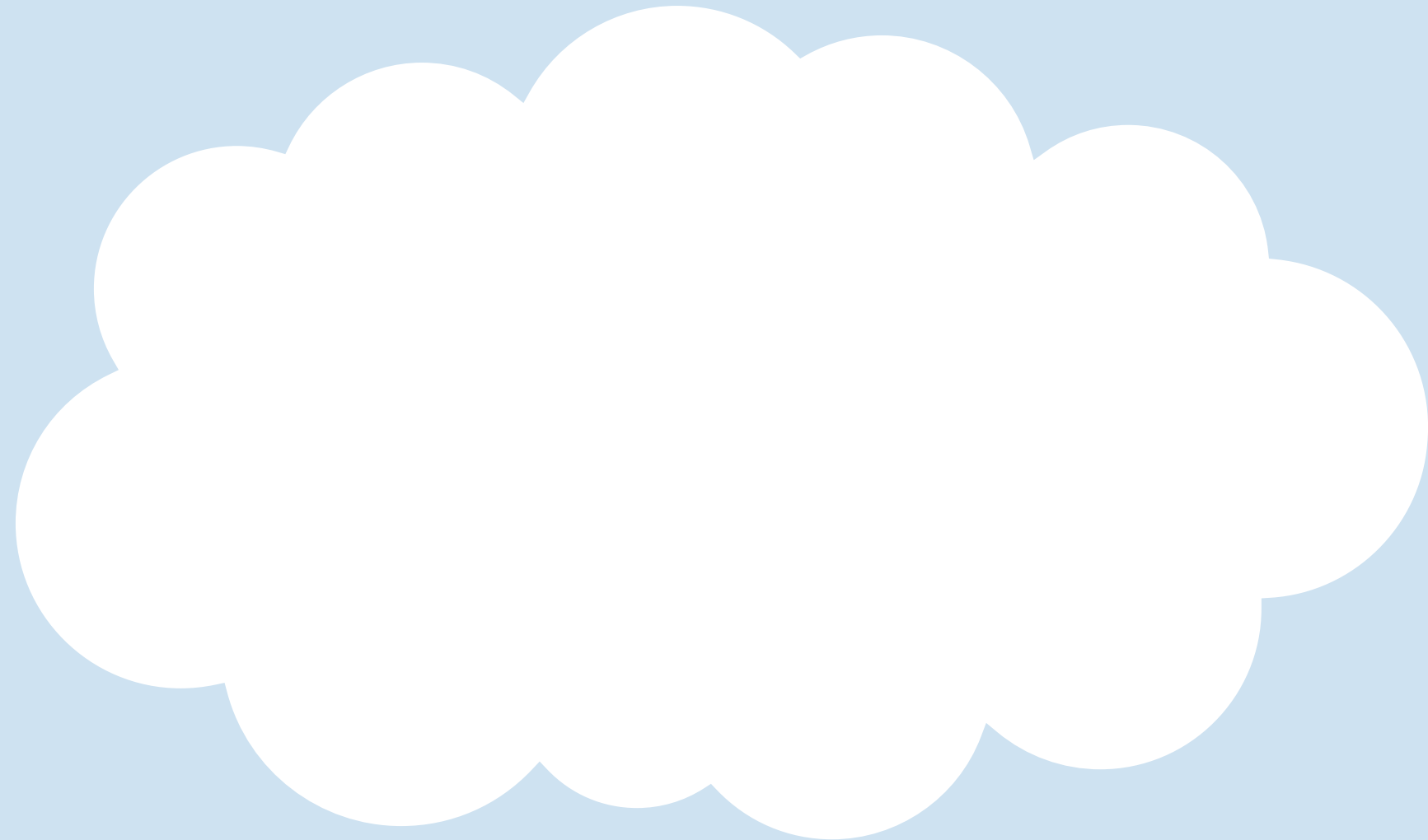
Notes: _____

Please complete this sleep diary and bring it with you to your child's next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



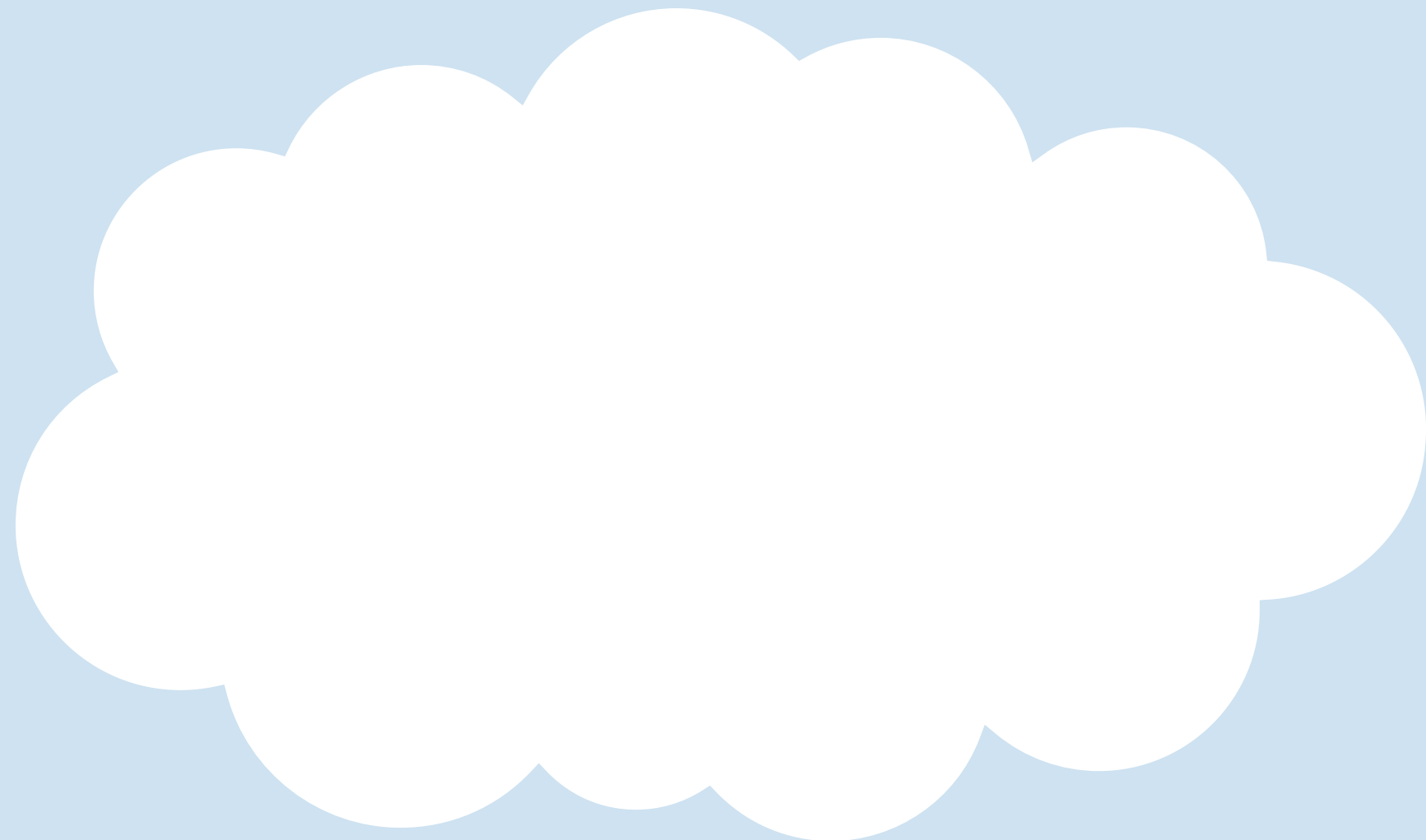
Notes: _____

Please complete this sleep diary and bring it with you to your child's next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Please complete this sleep diary and bring it with you to your child's next study visit.



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



Notes: _____

SPD489-347

Subject Number: _____

Subject Initials: _____



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



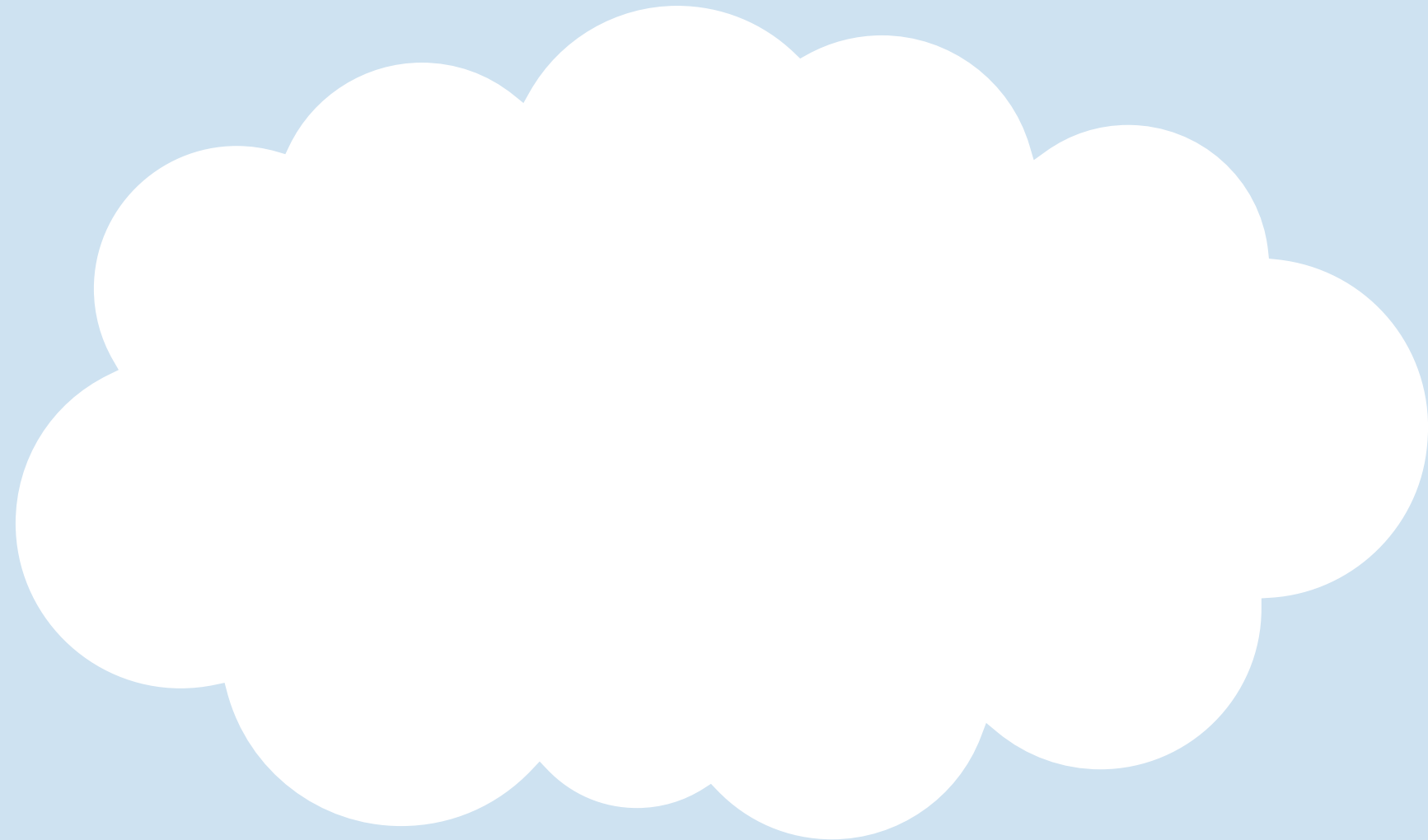
Notes: _____

Please complete this sleep diary and bring it with you to your child's next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



Notes: _____

Please complete this sleep diary and bring it with you to your child's next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



Notes: _____

Please complete this sleep diary and bring it with you to your child's next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



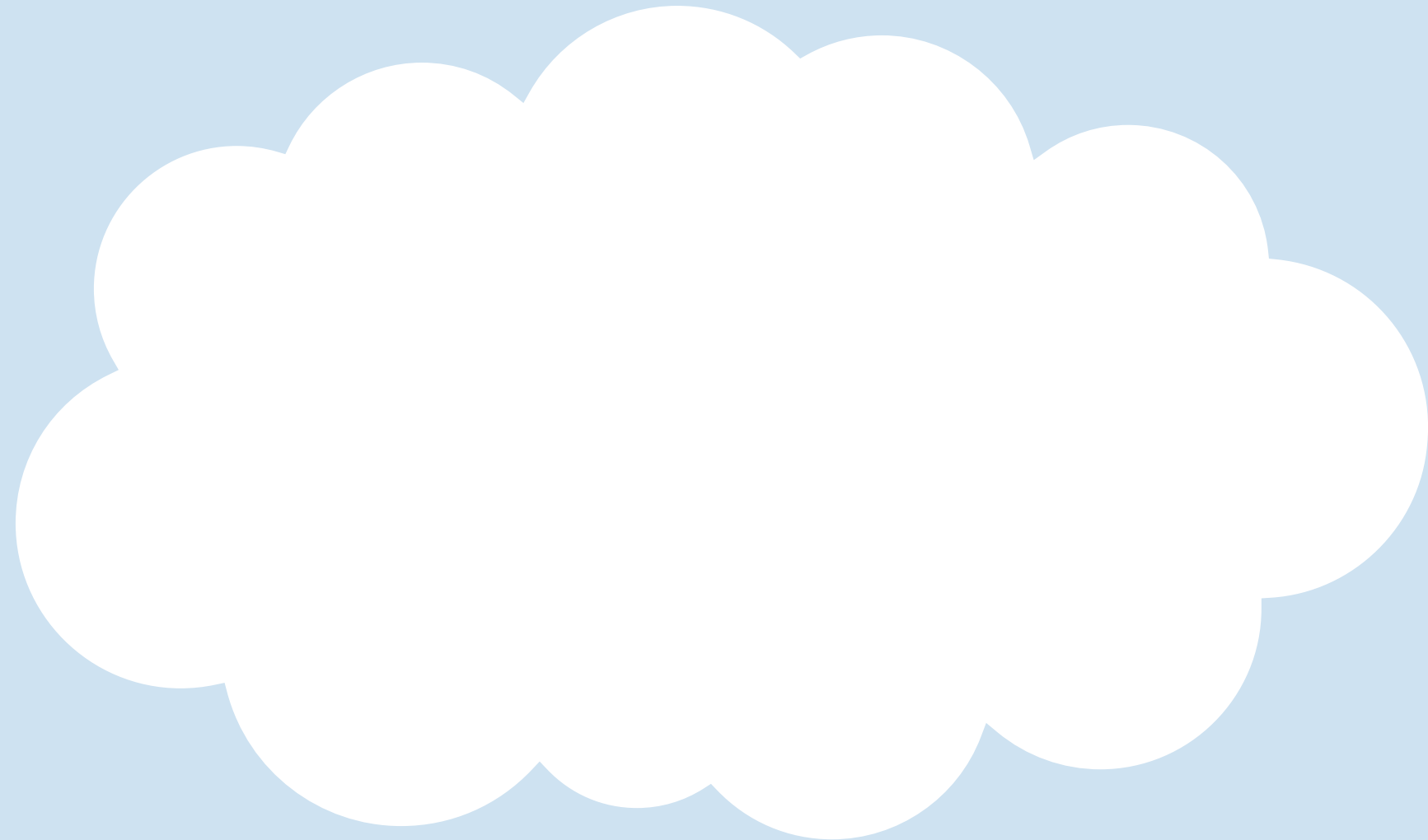
Notes: _____

Please complete this sleep diary and bring it with you to your child's next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Day of the Week	Date (day/month/year)	Time child went to bed last night:	Time child woke for the day today:	How long it took child to fall asleep last night:	Total time child napped today:
(Example) Tuesday	1/6/2015	8:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	0 hours 45 minutes	2 hours 15 minutes
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins
	__/__/__	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__:__ <input type="checkbox"/> am <input type="checkbox"/> pm	__ hours __ mins	__ hours __ mins



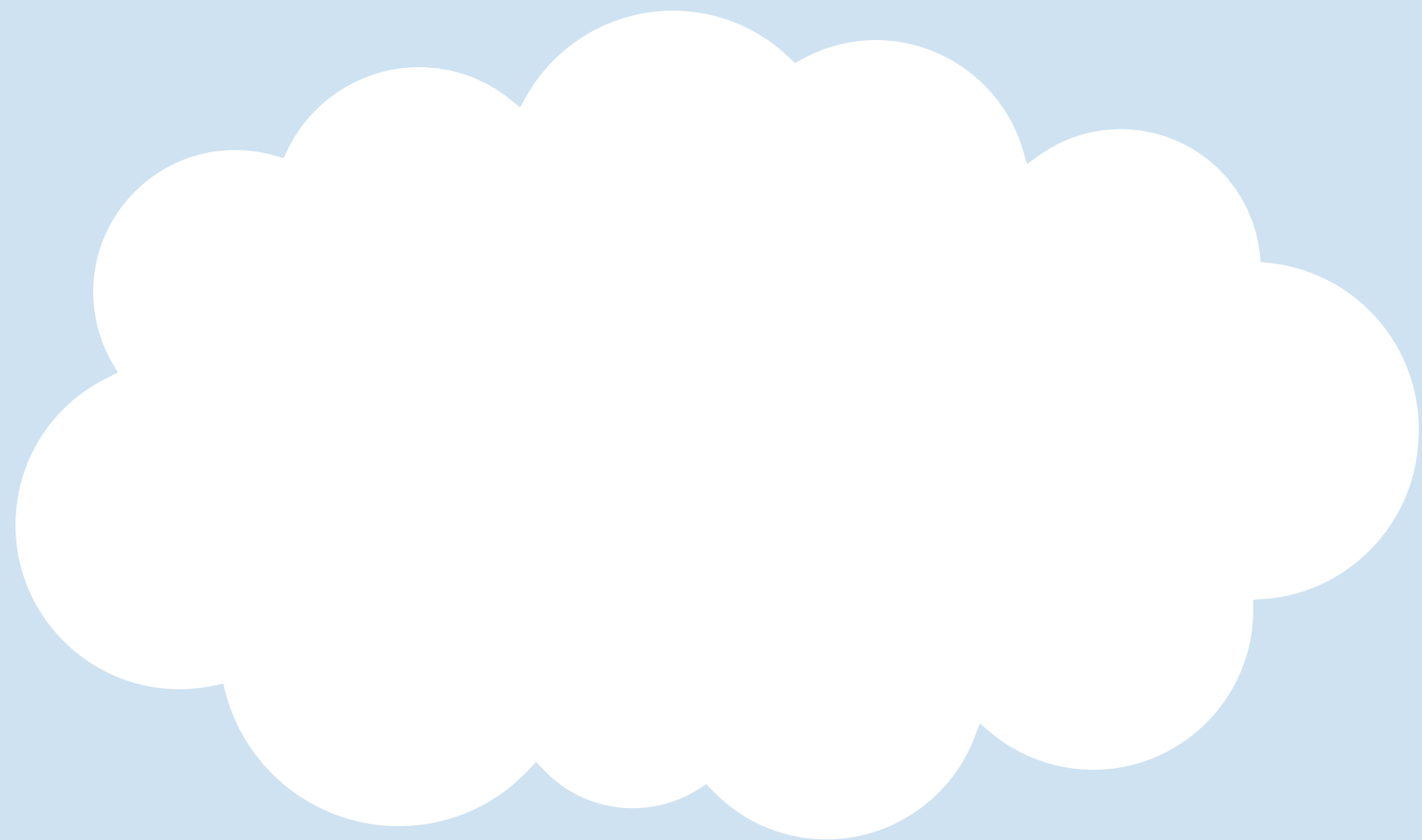
Notes: _____

Please complete this sleep diary and bring it with you to your child's next study visit.

SPD489-347

Subject Number: _____

Subject Initials: _____



Please complete this sleep diary and bring it with you to your child's next study visit.

